



## Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW  This committee is registering with the Virginia State Board of Elections for the first time.		<input checked="" type="checkbox"/> AMENDED  This committee is filing an amended Statement of Organization.			
		Date Changes Took Effect	SBE-issued Committee ID		
		01/31/2016	CC-12-00470		
Committee Information					
Committee Information	Lovain for Council				
	Name of Candidate Campaign Committee				
	2606 Davis Ave.				
	Street Address/PO Box		Suite #		
	Alexandria		VA 22302		
	City		State Zip Code		
timlovain@gmail.com					
Email Address		Daytime Phone #			
www.timlovain.com					
Campaign Website					
Candidate Information					
Candidate Information	Lovain		Timothy		B.
	Salutation	Last Name	First Name	Middle Name	Suffix
	2606 Davis Avenue				
	Residence Address		Apt #		
	Alexandria		VA 22302		
	City		State Zip Code		
	ALEXANDRIA CITY		706020609		
	County or City of Residence		Voter Identification #		
tim@capitolstrategies.com		202-595-1925			
Email Address		Daytime Phone #			
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information					
Election Information	Member City Council		Alexandria City		
	Office Sought		District (if one)		
	Democratic		2018		
	Political Party		Year of Election		
		<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special			
		Type of Election			



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Treasurer Information					
<b>Treasurer Information</b>	<b>Lovain</b>		<b>Beth</b>		
	Salutation	Last Name	First Name	Middle Name	Suffix
	<b>2606 Davis Avenue</b>				
	Residence Address		Apt #		
	<b>Alexandria</b>		<b>VA</b>		<b>22302</b>
	City		State	Zip Code	
	<b>ALEXANDRIA CITY</b>		<b>917630661</b>		
	County or City of Residence		Voter Identification #		
<b>blovain@hotmail.com</b>		<b>703-824-6730</b>			
Email Address		Daytime Phone #			
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
<b>Wells Fargo Bank, N.A.</b>					
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
<b>Alexandria</b> <b>VA</b>					
City		State	City		
			State		
Committee Activity					
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:		<u>01/05/2012</u>		
	Date first expenditure made:		<u>02/09/2012</u>		
	Date campaign depository designated:		<u>01/03/2012</u>		
	Date filing fee paid for party nomination:		<u>03/06/2012</u>		
	Date Statement of Qualification filed:		<u>03/06/2012</u>		
	Date treasurer appointed:		<u>01/03/2012</u>		

(continued on next page)



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Filing Method	
<b>Filing Method</b>	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             _____  <b>Signature</b> </div> <div style="text-align: center;">             _____  <b>Date</b> </div> </div>
Signatures	
<b>Candidate's Signature</b>	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             _____  <b>Candidate's Signature</b> </div> <div style="text-align: center;">             _____  <b>Date</b> </div> </div>
<b>Treasurer's Signature</b>	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             _____  <b>Treasurer's Signature</b> </div> <div style="text-align: center;">             _____  <b>Date</b> </div> </div>